SEPA Direct Debit Mandate

Information about the creditor :

Mandate reference (to be completed by the creditor) :	
Creditor identifier (ICS) :	ES 92 001 G08460222
Name :	LYCEE FRANÇAIS DE BARCELONE
Address :	C/ Bosch i Gimpera 6-10
Postal code-City-Country :	08034 BARCELONA - SPAIN

By signing this mandate form, you authorise (A) the LYCEE FRANÇAIS DE BARCELONE to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from the LYCEE FRANÇAIS DE BARCELONE.
As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights regarding the present mandate are explained in a statement that you can obtain from your bank.

Information about the bank account of the debtor (fields to complete)

You name / name of the debtor	
Your address / Street name and number	
Postal code-City	
Country	

Account to debit (fields to complete) :

International Bank Account Number - IBAN	☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐ **The IBAN has a different number of positions depending on the country : France 27 numbers, Spain 24 numbers**
Bank Identifier Code- BIC	☐☐☐☐☐☐☐☐☐☐☐

A BANK ACCOUNT IDENTIFICATION (in IBAN and BIC format) IS REQUESTED. IF YOU DON'T ATTACH THIS BANK DOCUMENT, YOUR DIRECT DEBIT REQUEST WILL NOT BE PROCEEDED.

Type of payment : Recurrent payment ☑ One-off payment ☐ List

of the students related to the present mandate (fields to complete)

Surname and name of the students/pupils	Class (on the day of the request)

Location :
(city in which you are signing)
Date (DD/MM/YYYY) :

Signature :

DNI/NIE of the debtor :
(if an other ID is given, please explain its origin)

All required documents can be sent by mail to : **caja@lfb.es** or be handed at the desk A111 (Invoices and Payments Service)